PATENT

Attorney Docket No.: 9D-DW-19893

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Joseph DiEnno et a
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Group No.: 3637

Serial No.: 09/682,422

: Examiner: Hansen, James Orville

Filed:

August 31,2001

For:

RIBBED ESCUTCHEON FOR APPLIANCE DOOR ASSEMBLY

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### **TRANSMITTAL**

1. Transmitted herewith is:

Transmittal (3 pgs.)

Amendment in response to the final Office Action dated May 27, 2008 and further in response to the Advisory Action dated September 03, 2008 (10 pages)
Request for Continued Examination (RCE) Transmittal (3 pages)

## **STATUS**

2. Applicantclaims small entity status.is other than a small entity.

### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)	
X first month	\$ 120.00	\$ 60.00	
second month	\$ 460.00	\$ 230.00	

		th	ird month		\$ 1,050.00	\$ 5	525.00
		fo	urth month		\$1,640.00	\$ 8	320.00
		fi	fth month		\$2,230.00	\$1,	115.00
					Fee:		\$120.00
If an	additional exte	ension of	time is requ	ired, please	e consider this a pet	ition 1	therefor.
		(Ch	neck and compl	ete the next it	em, if applicable)		
		therefor of extens	\$ is design now req	educted from uested.	nas already been sem the total fee due sequest \$		
		Exten	ision lee due		OR		
4. 7	of t	ime.	FEE F	OR CLAII	wed the need for a p  MS  Deen calculated as s		
	(Col. 1) CLAIMS REMAINING		(Col. 2) HIGHEST NO.	(Col. 3)	SMALL ENTITY		SMALL ENTITY
	AFTER AMENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$25.00 = \$		x \$50.00 = \$
INDEP.		MINUS		=	x \$100.00 = \$		x \$200.00 = \$
	FIRST PRESEN	TATION OF	MULTIPLE DEP. (	CLAIM	+ \$180.00 = \$		+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a) 🔀	No add	itional fee fo	r Claims is	required		
				OR			
	(b)	Total ad	iditional fee	for claims	required \$		
			FEE I	PAYMEN'	Γ		
5.	Attach	ed is a cl	heck in the s	um of \$			
		e Deposi	t Account No	01-2384	the sum of \$120.00	).	

## FEE DEFICIENCY

6.	$\boxtimes$	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.
		AND/OR
	$\boxtimes$	If any additional fee for claims is required, charge Deposit Account No. 01-2384.
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